



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

BREATH ALCOHOL PROGRAM

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN <b>204076</b>		DATE OF INSPECTION <b>05-28-09</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>372 Hwy. 22, HUNTSVILLE, MO</b>		COUNTY <b>JAIL</b>
TIME OF INSPECTION <b>23:16</b>		

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <b>49</b> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C) <b>34°c</b>	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE <b>(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b>	

TEST 1 <input checked="" type="checkbox"/> <b>.102%</b>	TEST 2 <input checked="" type="checkbox"/> <b>.103%</b>	TEST 3 <input checked="" type="checkbox"/> <b>.103%</b>
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)						
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: <b>(DO NOT INCLUDE SIMULATOR TESTS)</b>						
REFUSALS <b>0</b>	(0-.04) <b>2</b>	(.05-.09) <b>3</b>	(.10-.14) <b>8</b>	(.15-.19) <b>1</b>	(Over .19) <b>1</b>	

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

**INSTRUMENT IS WITHIN D.H.S.S. RULES & REGULATIONS**

**GUTH LABORATORIES, INC. SOLUTION**  
**LOT # 08340** **EXP. DATE 10-15-09**

<b>INSPECTING OFFICER</b>	
SIGNATURE <b>CPL Chris W. Harlan</b>	PRINT NAME <b>CHRIS W. HARLAN</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>820059 02-25-10</b>	TELEPHONE NUMBER <b>660-385-2132</b>



**GUTH LABORATORIES, INC.**

530 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009 at 11:59 PM.**

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

Face This Side Down - This Edge In First

## BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204076

05/28/09

23:10

### DIAGNOSTIC CHECK

COMPUTER: OKAY

PROGRAM: OKAY

HLAYERS

SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

### PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz  
{|}~!@#\$%^&\*()~"

Operator Signature

Printed on recycled paper with agri-based inks

CMSU 2

Face This Side Down - This Edge In First

## BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204076  
05/28/09

TESTING OFFICER:

HARLAN/C/W

OFFICER I.D.: 943

PERMIT NUMBER: 820059

EXPIRATION DATE: 02/25/10

MISCELLANEOUS DATA:

JUNE 09 MAINT OK

### SUPERVISOR MODE

BLANK TEST	.000	23:16
INTERNAL STANDARD	VERIFIED	23:16
EXTERNAL STANDARD	.102	23:16
BLANK TEST	.000	23:17
EXTERNAL STANDARD	.103	23:17
BLANK TEST	.000	23:18
EXTERNAL STANDARD	.103	23:18
BLANK TEST	.000	23:19

N = 3

STDEV = .11

AVG = 1.025

Operator Signature

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CMSU 2208-02

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# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204076  
05/28/09

ARREST TIME: 22:00  
SUBJECT NAME:  
HARLAN/C/W  
DOB: 01/01/61 SEX: M  
STATE/D.L.: MO/1  
ARRESTING OFFICER:  
HARLAN/C/W  
OFFICER I.D.: 943  
TESTING OFFICER:  
HARLAN/C/W  
OFFICER I.D.: 943  
PERMIT NUMBER: 020059  
EXPIRATION DATE: 02/25/10  
MISCELLANEOUS DATA:  
JUNE 09 OK

--- BREATH ANALYSIS ---

BLANK TEST	.000	23:13
INTERNAL STANDARD	VERIFIED	23:13
RADIO INTERFERENCE		

Operator Signature

*Cpl. Chris W. Harlan*

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CMSU 2208-02

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



CHRISTOPHER W HARLAN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 02/25/08

Number 820059

Expires 02/25/2010

MO 590-0771 (7-88)

*Eric C. O'Leary*  
Director of State Public Health Laboratory

*[Signature]*  
Director, Department of Health

Lab. 4 (R7-88)